



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



**RE: LICENSED PROFESSIONAL CLINICAL COUNSELOR LICENSURE ELIGIBILITY APPLICATION
"GRANDPARENT" METHOD FOR NON-BBS-LICENSED APPLICANTS**

Dear Applicant:

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor. Included in this packet are the following forms and documents:

1. Instructions for Completing the Licensure Eligibility Application
2. Licensed Professional Clinical Counselor Licensure Eligibility Application "Grandparent" Method for Non-BBS-Licensed Applicants
3. Licensed Professional Clinical Counselor Degree Program Certification "Grandparent" Method for Non-BBS-Licensed Applicants
4. Licensed Professional Clinical Counselor Remedial Coursework Certification "Grandparent" Method for Non-BBS-Licensed Applicants
5. Licensed Professional Clinical Counselor Experience Verification "Grandparent" Method for Non-BBS-Licensed Applicants
6. Licensed Professional Clinical Counselor Verification of Licensure in Another State Form
7. Examination Security Notice
8. Personal Data Card
9. Instructions for Live Scan Fingerprinting
10. Request for Live Scan Service Form
11. Mandatory Reporter Information

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
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INSTRUCTIONS FOR COMPLETING THE LICENSED PROFESSIONAL CLINICAL COUNSELOR LICENSURE ELIGIBILITY APPLICATION

“GRANPARENT” METHOD FOR NON-BBS-LICENSED APPLICANTS

Please review the following instructions and checklist to ensure accurate completion of your application package and that all required original documents are furnished to the Board of Behavioral Sciences (Board). Please retain a copy of all documents submitted to the Board. All items are mandatory. Failure to provide any of the requested information may result in the rejection of the incomplete application. Submit a completed application package to the address shown above with the fee indicated in section II below.

I. MISCELLANEOUS FORMS INSTRUCTIONS

- ☐ A. PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code (BPC) Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. The address provided will be used for Board communications, such as license renewal notices.
- ☐ B. EXAMINATION SECURITY NOTICE: The notice must be completed and signed. Failure to complete the notice may affect your examination eligibility.
- ☐ C. FINGERPRINTS: See enclosed “INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING”. The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. **Note: Do not complete fingerprints more than 60 days prior to submitting your application. Fingerprint results without an application on file will be held for 6 months.**

II. LICENSE ELIGIBILITY APPLICATION INSTRUCTIONS

- ☐ A. APPLICATION: Complete all sections. The application must be signed. NOTE: If you have registered with the Board previously and have changed your legal name since registering without submitting a name change request to the Board, please complete and submit a *Notification of Name Change* form with your application packet along with required documentation. This form is available on the Board's web site.
- ☐ B. FEES:
 - 1) Submit a \$280.00 check or money order made payable to the Behavioral Sciences Fund. The \$280.00 fee consists of a \$180.00 application fee and a \$100 law and ethics examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.
 - 2) If you need to take and pass the National Counselor Examination for Licensure and Certification, the Certified Rehabilitation Counselor Examination, or the National Clinical Mental Health Counselor Examination, you will need to pay the fees and schedule your examination directly with the administering organization. Upon final review of your license eligibility application, the Board will send you a letter outlining all deficiencies. This will include all necessary examination registration information.
- ☐ C. INITIAL LICENSE APPLICATION AND FEE:
 Once you have completed the education and experience requirements and passed the necessary examinations, you will be required to submit a *Request for Initial License* form with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.

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D. CONVICTION AND/OR DISCIPLINARY ACTION

Attach documentation explaining prior conviction(s) and/or disciplinary action(s) and attesting to your rehabilitation, if applicable: Please refer to the REPORTING PRIOR CONVICTION(S) and/or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

III. VERIFICATION OF EDUCATION AND EXPERIENCE:

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A. TRANSCRIPTS. Official transcripts verifying your master's or doctoral degree, with the degree title and date of conferral on the transcript, must be submitted for all applicants. Must be in a sealed envelope.

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B. REQUIRED EDUCATION/TRAINING

The required education/training listed below may have been earned either within or in addition to your qualifying degree program.

- 1) Alcoholism and Other Chemical Substance Dependency - 15 hours of training or coursework. (BPC Section 4999.32(e)(1))
- 2) Human Sexuality - 10 contact hours of training or coursework. (BPC Sections 25 and 4999.32(e)(2))
- 3) Psychopharmacology - Two (2) semester unit or three (3) quarter unit survey course. (BPC Section 4999.32(e)(3))
- 4) Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies - 15 hours of training or coursework (BPC Section 4999.32(e)(4))
- 5) Child Abuse Assessment and Reporting - Seven (7) contact hours of training or coursework. (BPC Sections 28 and 4999.32(e)(5))
- 6) California Law and Professional Ethics - 18 hours of training or coursework. (BPC Section 4999.32(e)(6))
- 7) Aging and Long-Term Care - 10 hours of training or coursework. (BPC Section 4999.32(e)(7))
- 8) Crisis and Trauma Counseling - 15 hours of training or coursework. (BPC Section 4999.32(e)(8))

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C. ADDITIONAL UNITS: This section applies to applicants with a qualifying degree program issued prior to 1996 ONLY. Pursuant to BPC Section 4999.54(a)(1)(A)(ii), degrees issued prior to 1996 must include a minimum of 30 semester units or 45 quarter units and the total number of units completed must be no less than 48 semester units or 72 quarter units. If your degree program included the minimum number of required units but less than 48 semester units or 72 quarter units, then submit documentation that verifies completion of the remaining number of required units.

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D. "DEGREE PROGRAM CERTIFICATION" FORM

This form is a certified statement from the school's Chief Academic Officer or authorized designee verifying the content of your degree program and must have the Chief Academic Officer or authorized designee's original signature. Degrees issued prior to 1996 must include at least six (6) of the nine (9) required core content areas. Degrees issued in or after 1996 must include at least seven (7) of the nine (9) core content areas. Coursework completed outside of the degree program must be verified on the *Remedial Coursework Verification* form. Provide official documentation of completion and documentation of required course content (such as a syllabus) if not clearly described by the course title.

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E. REMEDIAL COURSEWORK: This form verifies all coursework completed outside of the degree program in fulfillment of the required nine core content areas. Applicants with a qualifying degree issued prior to 1996 may receive credit for no more than three (3) core content areas gained outside of the degree program (BPC Section 4999.54(a)(1)(A)(ii)). Applicants with a qualifying degree issued in 1996 or after may receive credit for no more than two (2) core content areas gained outside of the degree program (BPC Section 4999.54(a)(1)(A)(iii)). A counselor educator whose degree is deficient in no more than two (2) of the nine core content areas may receive credit for courses taught in a graduate program in counseling or a related area that include the equivalent of a required core content area (BPC Section 4999.54(a)(1)(A)(i)). Sufficient documentation is required to verify completion of all coursework and content areas.

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F. VERIFICATION OF LICENSURE: If you have a license that allows you to independently provide clinical mental health services in another state or foreign country, then complete and sign the "Applicant" section of the *Licensed Professional Clinical Counselor Verification of Licensure in Another State* form and mail it to the licensing agency to authorize release of your information.

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G. EXPERIENCE: If you are not licensed to practice clinical mental health services in another state, disclose all required experience on the *Experience Verification* form, which must be completed and signed by each qualified supervisor for each employment setting. Your supervisor's license/registration/certification may be verified using the *Licensed Professional Clinical Counselor Verification of Licensure in Another State* form.

YOUR SUPERVISOR'S LICENSE/REGISTRATION/CERTIFICATION MUST BE VERIFIED IN ORDER TO APPLY YOUR EXPERIENCE TOWARD THE LICENSING REQUIREMENTS.

- ☐ H. REQUIRED EXAMINATIONS: If you have already received a passing score on the National Counselor Examination for Licensure and Certification (NCE), the Certified Rehabilitation Counselor Examination (CRCE), or the National Clinical Mental Health Counselor Examination (NCMHCE), then enclose an official score verification certificate with your application. Upon review of your application, the Board will send you information on registering for any examination you have not yet taken. If you need to take the NCE or NCMHCE, then the National Board for Certified Counselors (NBCC) will automatically submit your score to the Board and you do not have to send us your score verification certificate. If you need to take the CRCE, your score will NOT be automatically sent to the Board and you must submit an official score verification certificate to BBS.

The California Law and Ethics Examination is a new examination offered by the Board for LPCC applicants. All candidates will receive law and ethics examination registration information after review of the licensure eligibility application.

IV. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- a. The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- b. Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- c. The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- d. The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- e. Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony conviction (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please provide that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose all convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

V. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please provide that name.

- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
- a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, or probation or parole officers on official letterhead.
- ☐ 4. You must disclose **all** discipline against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

INFORMATION ABOUT THE LICENSURE ELIGIBILITY APPLICATION PACKAGE

1. **INFORMATION AND DOCUMENTS**

All information furnished to the Board is subject to investigation. The application submitted and all papers and documents pertinent thereto are the property of the State of California and will not be returned. **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

2. **RECEIPT OF APPLICATION**

Please do not contact the Board to check the status of your application. **If you wish to know whether the Board has received your application, check with your bank to determine whether your check has been cashed; another option is to include a self-addressed stamped postcard or envelope with your application, which will be mailed back to you upon receipt.**

3. **REQUIRED EXAMINATIONS:**

In order to qualify for an LPCC license, you must receive a passing score on the following examinations: 1) the National Counselor Examination for Licensure and Certification (administered by the National Board for Certified Counselors) or the Certified Rehabilitation Counselor Examination; 2) the National Clinical Mental Health Counselor Examination; and 3) the California Law and Ethics Examination. Upon review of the license eligibility application package, applicants will receive a letter identifying all deficiencies, including examination, experience, and education deficiencies, and the appropriate examination registration information.

4. **REQUESTS FOR ACCOMMODATION:**

The Board only evaluates accommodation requests for the **California Law and Ethics Examination**. Accommodation requests for all other examinations must be directed to the appropriate test administrator.

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test. **The Board only accept requests for accommodation for the California Law and Ethics Examination and the National Clinical Mental Health Counselor Examination.** To request accommodations for any other required examination, please contact the appropriate administering organization.

Accommodations will not be provided at the examination site unless prior approval by the Board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board and must be received a minimum of 90 days prior to the desired test date to allow for processing. If you wish to submit a request for accommodation, please contact the Board and request a *Request for Accommodation* package or download the forms from the Board's web site.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

5. PUBLIC ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses.

CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.

6. ABANDONMENT OF LICENSURE APPLICATION:

In accordance with Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned in any of the following circumstances:

- Applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter
- Applicant fails to sit for examination within one (1) year after being notified of eligibility
- Applicant fails to retake an examination within one (1) year from the date of failure
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

7. STATUTES AND REGULATIONS:

To obtain a copy of the *Statutes and Regulations* pertaining to licensed professional clinical counseling, you may download the information from the Board's web site; alternatively, you may submit a written request to the Board (type or print clearly your name and address).

8. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

9. MANDATORY REPORTER:

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and dependent adult abuse or neglect purposes. See enclosed "MANDATORY REPORTER INFORMATION" included in this application packet for more information on mandatory reporting requirements.

NOTICE ABOUT COLLECTION OF PERSONAL INFORMATION

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4999.47, 4999.50, 4999.58, and 4999.59; and Article 5 of Chapter 16 (commencing with Section 4999.80), and Title 16 of California Code of Regulations Sections 1805, 1806, 1820, 1821 and 1822. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by statute and regulation.

Mandatory Submission. Submission of the information requested by this application is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at BBSWebMaster@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection, 915 Capitol Mall, Suite 200, Sacramento, CA 95814, (866) 785-9663 or email privacy@scsa.ca.gov.



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LICENSED PROFESSIONAL CLINICAL COUNSELOR LICENSURE ELIGIBILITY APPLICATION

“GRANDPARENT” METHOD FOR NON-BBS-LICENSED APPLICANTS

For Office Use Only: P3, PG

Cashiering No:

QM: GN

APPROPRIATE FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

(Please type or print clearly in ink)

1. Legal Name* Last		First		Middle
Maiden name and/or any other alias				
2. Address of Record**:		Number and Street		
City		State	Zip Code	
3. Business Telephone:	4. Residence Telephone:	5. E-Mail Address:		
6. Birth Date: mm/dd/yyyy	7. Social Security Number***:	8. Sex:		
9. Education: (Qualifying Degree Title)		10. Name of school, college, or university:		

ATTACH A
 PHOTOGRAPH TAKEN
 WITHIN 60 DAYS
 OF THE FILING
 OF THIS APPLICATION
 (Head and Shoulders Only)

REQUIRED EDUCATION AND TRAINING: Complete the following regarding required coursework and training. Submit documentation of completion such as a transcript or certificate of completion. If course title does NOT describe required course content, submit a syllabus or other documentation that the content was provided to you.

	HOURS OR UNITS	COURSE #	SCHOOL NAME IF NOT PART OF DEGREE PROGRAM	COMPLETED?
11. Alcoholism and other chemical substance dependency				Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Human sexuality training				Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Psychopharmacology				Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Spousal/partner abuse assessment, detection, intervention				Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Child abuse assessment and reporting				Yes <input type="checkbox"/> No <input type="checkbox"/>
16. California law and professional ethics				Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Aging and long-term care				Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Crisis or trauma counseling				Yes <input type="checkbox"/> No <input type="checkbox"/>

Continue on next page

ADDITIONAL UNITS (Applicants with degrees issued prior to 1996 ONLY): The purpose of this section is to verify completion of units gained outside of your degree program only if your degree was issued prior to 1996. According to BPC Section 4999.54(a)(1)(A)(ii), degrees issued prior to 1996 must include a minimum of 30 semester units or 45 quarter units and the total number of units completed must be no less than 48 semester units or 72 quarter units. Use the box below to list all additional units completed outside of your degree program. Be sure to enclose official proof of completion of any units listed below in the form of a sealed transcript.

	COURSE NUMBER	SCHOOL AND PROGRAM NAME	UNITS	
			Semester <input type="checkbox"/>	Quarter <input type="checkbox"/>
19. Units completed outside of degree program, if applicable (Attach additional pages, if necessary)				

20. Do you have a counseling license that allows you to independently provide clinical mental health services in another state or foreign country? If YES, complete the following (*attach additional sheets as necessary and submit a "Verification of Licensure in Another State" form for each state and country listed*):

STATE/COUNTRY	LICENSE TITLE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

21. Do you possess at least two (2) years of post-degree counseling experience? Yes ☐ No ☐
- A. Does your two years of post-degree experience include at least 1,700 hours of experience in a clinical setting supervised by a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, a licensed physician and surgeon specializing in psychiatry, or a master's level counselor or therapist who is certified by a national certifying or registering organization, including, but not limited to, the National Board for Certified Counselors or the Commission on Rehabilitation Counselor Certification. Yes ☐ No ☐

REQUIRED EXAMINATIONS: In order to qualify for an LPCC license, you must receive a passing score on the following examinations:

- The National Counselor Examination for Licensure and Certification (NCE) or the Certified Rehabilitation Counselor Examination (CRCE).
- The National Clinical Mental Health Counselor Examination (NCMHCE).
- The California Law and Ethics Examination.

All candidates will receive law and ethics examination registration information after review and approval of the licensure eligibility application. Please indicate below which examinations you have passed. Be sure to enclose an official score verification certificate.

22. National Counselor Examination for Licensure and Certification Yes ☐ No ☐
23. Certified Rehabilitation Counselor Examination Yes ☐ No ☐
24. National Clinical Mental Health Counselor Examination Yes ☐ No ☐
25. Have you ever been denied a professional license, had a professional license privilege suspended, revoked, or otherwise disciplined, or have you ever voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency? Yes ☐ No ☐
- If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.
26. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500 or less was imposed.) Yes ☐ No ☐
- If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

I declare under penalty of perjury under the laws of the State of California that all of the information submitted on this form and on any accompanying forms and attachments is true and correct.

Signature of Applicant: _____

Date: _____

*Business and Professions Code section 4999.90(b) gives the board the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.

**The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address such as a PO Box.

***Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



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LICENSED PROFESSIONAL CLINICAL COUNSELOR DEGREE PROGRAM CERTIFICATION

"GRANDPARENT" METHOD FOR NON-BBS-LICENSED APPLICANTS

(Please type or print clearly in ink)

Applicant Name: Last	First	Middle
Social Security Number:	Enrollment Date mm/dd/yyyy	Degree Issue Date:

APPLICANT: The purpose of this form is to verify content of a degree program completed in accordance with the Business and Professions Code (BPC). This form is to be completed by the school's Chief Academic Officer or authorized designee. Please ensure the school provides this completed form to you **IN A SEALED ENVELOPE**, and enclose it with your application. If required course content is not clearly described in the course title, submit a copy of syllabus and/or other documentation. Also enclose official proof of completion in the form of a sealed transcript. (To provide certification of coursework completed outside your degree program, use the form titled "Remedial Coursework Certification.")

EDUCATIONAL INSTITUTION: The applicant named above is applying for professional clinical counselor licensure in California. In order to permit the Board of Behavioral Sciences to evaluate the applicant's educational qualifications accurately, we request completion of this form by the degree granting institution. Please provide the applicant with the original completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application.

INITIAL Initial on the line provided to indicate the applicant completed the coursework listed and provide specific information where requested. Complete the certification on the other side of this form.

- _____ 1. The applicant's degree program contained _____ ☐ Semester units ☐ Quarter units of instruction
 (BPC Section 4999.54(a)(1)(A)(ii)&(iii))
- _____ 2. The applicant has completed coursework that is the equivalent of **at least three (3) semester or four and one-half (4.5) quarter units in each of the following CORE CONTENT AREAS**. Specify the course numbers in which the content was provided. (BPC Section 4999.32(c)):
- _____ A. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters (BPC Section 4999.32(c)(1)(A)).
 Number of units completed: _____ Course number(s): _____
- _____ B. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior (BPC Section 4999.32(c)(1)(B)).
 Number of units completed: _____ Course number(s): _____
- _____ C. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development (BPC Section 4999.32(c)(1)(C)).
 Number of units completed: _____ Course number(s): _____
- _____ D. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness (BPC Section 4999.32(c)(1)(D)).
 Number of units completed: _____ Course number(s): _____

INITIAL

- _____ E. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling (BPC Section 4999.32(c)(1)(E)).

Number of units completed: _____ Course number(s): _____

- _____ F. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination (BPC Section 4999.32(c)(1)(F)).

Number of units completed: _____ Course number(s): _____

- _____ G. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care (BPC Section 4999.32(c)(1)(G)).

Number of units completed: _____ Course number(s): _____

- _____ H. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation (BPC Section 4999.32(c)(1)(H)).

Number of units completed: _____ Course number(s): _____

- _____ I. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients (BPC Section 4999.32(c)(1)(I)).

Number of units completed: _____ Course number(s): _____

- _____ 3. The applicant's degree program contained supervised practicum or field study experience or the equivalent, which provided a range of clinical counseling experience including: applied psychotherapeutic techniques; assessment; diagnosis; prognosis; treatment; issues of development, adjustment, and maladjustment; health and wellness promotion; and other recognized counseling interventions (6 semester/9 quarter units, BPC Section 4999.32(c)(3) ; **For degrees issued prior to 1996 ONLY** – 3 semester/4 ½ quarter units, BPC Section 4999.54(a)(1)(A)(ii)).

Number of units completed: _____ Course number(s): _____

- _____ A. The applicant's practicum or field study experience included _____ **supervised hours** providing face-to-face clinical counseling individuals, families or groups in a clinical setting (150 hours required, BPC Section 4999.32(c)(3)(I)).

CERTIFICATION

I certify that all of the foregoing is true and correct.

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED PROFESSIONAL CLINICAL COUNSELOR REMEDIAL COURSEWORK CERTIFICATION

“GRANDPARENT” METHOD FOR NON-BBS-LICENSED APPLICANTS

(Please type or print clearly in ink)

Applicant Name: Last	First	Middle
Social Security Number:	Enrollment Date	mm/dd/yyyy

ALL APPLICANTS: This form is to be completed by the school's Chief Academic Officer or authorized designee. Use a separate form for each school. Please ensure that the school provides this completed form to you **IN A SEALED ENVELOPE**, and enclose it with your application. Also enclose official proof of completion in the form of a sealed transcript. If required course content is not clearly described in the course title, submit a copy of the syllabus and/or other documentation.

APPLICANTS WITH A DEGREE ISSUED PRIOR TO 1996: The purpose of this form is to verify completion of a maximum of three (3) core content areas of coursework gained outside of your degree program as permitted by Business and Professions Code (BPC) Section 4999.54(a)(1)(A)(ii).

APPLICANTS WITH A DEGREE ISSUED IN OR AFTER 1996: The purpose of this form is to verify completion of a maximum of two (2) core content areas of coursework gained outside of your degree program as permitted by Business and Professions Code (BPC) Section 4999.54(a)(1)(A)(iii).

COUNSELOR EDUCATORS: If you are a counselor educator, you may receive credit for a maximum of two (2) core content areas not contained in your degree if you provide proof that the coursework taught included the equivalent of the required core content areas in a graduate program in counseling or a related area (BPC Section 4999.54(a)(1)(A)(i)).

EDUCATIONAL INSTITUTION: The applicant named above is applying for licensure as a professional clinical counselor. In order to permit the Board to evaluate the applicant's educational qualifications accurately, we request completion of this form by the institution where **the applicant completed education separately from his or her qualifying degree program**. Please provide the applicant with the original completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application. **Mark one:** ☐ **Semester units** ☐ **Quarter units**

INITIAL **CORE CONTENT AREAS:** Initial each line below to indicate the applicant's completion of the coursework listed. Provide the number of units completed and relevant course number(s). Complete the certification on the other side of this form.

- _____ A. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters (BPC Section 4999.32(c)(1)(A)).
- Number of units completed: _____ Course number(s): _____
- _____ B. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior (BPC Section 4999.32(c)(1)(B)).
- Number of units completed: _____ Course number(s): _____
- _____ C. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development (BPC Section 4999.32(c)(1)(C)).
- Number of units completed: _____ Course number(s): _____
- _____ D. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness (BPC Section 4999.32(c)(1)(D)).
- Number of units completed: _____ Course number(s): _____
- _____ E. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling (BPC Section 4999.32(c)(1)(E)).
- Number of units completed: _____ Course number(s): _____

INITIAL

- _____ F. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination (BPC Section 4999.32(c)(1)(F)).
- Number of units completed:* _____ *Course number(s):* _____
- _____ G. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care (BPC Section 4999.32(c)(1)(G)).
- Number of units completed:* _____ *Course number(s):* _____
- _____ H. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation (BPC Section 4999.32(c)(1)(H)).
- Number of units completed:* _____ *Course number(s):* _____
- _____ I. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients (BPC Section 4999.32(c)(1)(I)).
- Number of units completed:* _____ *Course number(s):* _____

CERTIFICATION

I certify that all of the foregoing is true and correct.

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



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LICENSED PROFESSIONAL CLINICAL COUNSELOR EXPERIENCE VERIFICATION

"GRANDPARENT" METHOD FOR NON-BBS-LICENSED APPLICANTS

Applicant: Your supervisor must complete this form (unless experience is verified by an out-of-state licensing agency). Use a separate form for each person verifying hours of supervised experience toward licensure as a professional clinical counselor and for each employment setting. Submit this form with your application for licensure eligibility.

Supervisor: You must complete this form. Make certain that this form is complete and correct prior to signing. Any change should be initialed by you and is subject to verification. Return the completed form to the applicant.

(Please type or print clearly in ink)

Applicant:	Last	First	Middle	Social Security Number
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SUPERVISOR: (Please type or print clearly in ink)

1. Supervisor:	Last	First	Middle	2. Business Phone:	
3. Address:	Number and Street		City	State	Zip Code
4. Name of Applicant's Employer:				5. Business Phone:	
6. Employer's Address:	Number and Street		City	State	Zip Code
7. Was this experience gained in a supervised clinical setting?					Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Dates of the experience being claimed		From: _____	To: _____		
		mm/dd/yyyy	mm/dd/yyyy		
9. How many <u>hours</u> of supervised experience are being claimed? _____					
10. Supervisor License Information (If not licensed, see #11):					
Type of License	Specialty, if any	License Number	State of Licensure	Date Originally Licensed	
11. If master's level counselor or therapist, were you certified by a national certifying or registering organization during the period of supervision (Non-licensees only)*?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Certifying Organization: _____			Date certified: _____		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct					
Signature of Supervisor: _____			Date: _____		

*Provide verification of master's degree and certification.



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LICENSED PROFESSIONAL CLINICAL COUNSELOR VERIFICATION OF LICENSURE IN ANOTHER STATE

APPLICANT: Complete this section authorizing release of information by another state licensing agency. Mail this form and any necessary fees to that licensing agency. **Verification For:** ☐ Applicant ☐ Applicant's Supervisor

Name of California Applicant:

Last	First	Middle	Social Security Number:
------	-------	--------	-------------------------

Name of Individual to be Verified:

Last	First	Middle	License/Reg./Cert. Number
------	-------	--------	---------------------------

I hereby authorize the release of information to the California Board of Behavioral Sciences.

Signature of Applicant: _____

Date: _____

STATE OFFICE: Please return completed form to the address shown above.

1. Full name of the individual to be verified, as shown in your records:

2. Name of state or country: _____

3. The above individual is: ☐ Licensed ☐ Registered ☐ Certified ☐ Applicant only

4. License, Registration or Certificate title: _____

A. Is this a license, registration or certificate that permits independent provision of clinical mental health services? ☐ Yes ☐ No ☐ N/A

B. License status (current, temporary, canceled, etc.) _____ C. Issue date: _____ Expiration date: _____

5. Any complaints or disciplinary action? ☐ Yes ☐ No If Yes, attach an explanation.

6. Examination required for license, registration or certificate? ☐ Yes ☐ No If Yes, list examination(s), type, title _____

7. Supervised Postdegree Experience: A. Total years/weeks _____ B. Total hours of experience _____

C. Date range of experience: From: _____ To: _____ D. Total direct counseling hours _____
 mm/dd/yy mm/dd/yy

E. Direct supervisor contact hours per week _____ F. Supervisor license/credentials required _____

Signature of Person Completing Form

Date

Printed or Typed Name and Official Title

Agency/Organization Name

State Agency or Organization Stamp Here

Address

Phone



37A-640 (Rev. 6/11)

Receipt No.	Regis. No.	type or print LEGAL NAME
		(LAST) (FIRST) (MIDDLE)
		ADDRESS
		(CITY) (STATE) (ZIP)
Date Received		
		SOCIAL SECURITY #:
		DATE OF BIRTH:
		PERSONAL DATA CARD STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS BOARD OF BEHAVIORAL SCIENCES THIS CARD <u>MUST</u> ACCOMPANY YOUR <u>APPLICATION</u>

Form 37M-400 (Rev. 3/05)

INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Live Scan Fingerprinting is meant for anyone living within California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ)** and the **Federal Bureau of Investigation (FBI)** electronically.

Fingerprint Fees

DOJ FINGERPRINT PROCESSING FEE: \$32.00
FBI FINGERPRINT PROCESSING FEE: \$19.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. Be aware that the Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the enclosed *Request for Live Scan Service* form at the Live Scan site. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from DOJ.

Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may offer Live Scan also. A current listing of Live Scan sites is available on the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE or print legibly**

SECTION 1:

Job Title or Type of License, Certification or Permit

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual license you hold. **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.**

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

BLK - Black	GRY - Gray	MAR - Maroon	BLU - Blue	GRN - Green
PNK - Pink	BRO - Brown	HAZ - Hazel	MUL - Multicolor	

Hair Color: Indicate hair color abbreviation:

BAL - Bald	BRO - Brown	SDY - Sandy	BLK - Black
GRY - Gray	WHI - White	BLN - Blonde	RED - Red

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your social security number

Driver's License No: Enter your Driver's license number if you have one

Address

Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

SECTION 4:

Your number:

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If resubmission, list the Original ATI No.

This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

SECTION 5: Leave this section blank.

SECTION 6: To be completed by the Live Scan operator.

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT RENEWAL**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

☐ **Marriage and Family Therapist**

☐ **Clinical Social Worker**

☐ **Educational Psychologist**

☐ **Professional Clinical Counselor**

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **13848**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento, CA 95834

Contact Name: **Fingerprint Unit**
Contact Phone: **(916) 574-7859**

SECTION 3

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: ☐ Male ☐ Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Licensee/Registrant: Please mail a copy of
this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

City State Zip Code

LEAVE THIS SECTION BLANK

Mail Code (assigned by DOJ)

Agency Telephone No. (optional)

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

SECTION 1ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT RENEWAL**Job Title or Type of License, Certification or Permit: **(Only One Title)**☐**Marriage and Family Therapist**☐**Clinical Social Worker**☐**Educational Psychologist**☐**Professional Clinical Counselor****SECTION 2**

Agency Address Set Contributing Agency

Mail Code: **13848****Board of Behavioral Sciences**
1625 North Market Blvd. Suite S-200
Sacramento, CA 95834Contact Name: **Fingerprint Unit**Contact Phone: **(916) 574-7859****SECTION 3**Name of Applicant: _____
(Please print) Last First MIAlias: _____ Driver's License No: _____
Last FirstDate of Birth: _____ SEX: ☐ Male ☐ Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.Place of Birth: _____
City State Zip

Social Security Number: _____

SECTION 4Your Number _____
BBS File Number (Example: 103123)BBS Licensee/Registrant: Please mail a copy of
this form to the address in Box 2 upon completion.If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI**SECTION 5**

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____ Street or PO Box _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____

ATI No. _____

Amount Collected/Billed _____

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT RENEWAL**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

☐

Marriage and Family Therapist

☐

Clinical Social Worker

☐

Educational Psychologist

☐

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **13848**

Board of Behavioral Sciences
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Sacramento, CA 95834

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SECTION 3

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(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: ☐ Male ☐ Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

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BBS File Number (Example: 103123)

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SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name

Street No. Street or PO Box

Mail Code (assigned by DOJ)

City State Zip Code

Agency Telephone No. (optional)

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant



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IMPORTANT INFORMATION – PLEASE READ

MANDATORY REPORTER

Under California law each person licensed by the Board of Behavioral Sciences is a “mandated reporter” for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.